SCHEDULE E)	PAGE 1 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC		
	C C00507517	
Check If 24-hour report  48-hour report  New report  Amends report file	ed on Mam / Dab / Yayayay	
Full Name (Last, First, Middle Initial) of Payee	Date	
Jason Freeman	M M / D D / Y Y Y Y	
Mailing Address 1820 London Road	09 12 2012	
1020 20100111000	Amount	
City State Zip Code	625.00	
Duluth MN 55812	625.00 Transaction ID : SE.8582	
	rice Sought:	
Payroll Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
	eck One: Support X Oppose	
Calendar Year-To-Date Per Election	sbursement For: Primary X General	
for Office Sought 7401.72	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Jason Freeman	M = M / D = D / Y = Y = Y	
Mailing Address 1820 London Road	09 26 2012	
maining yield see 1620 London Road	Amount	
City State Zip Code	625.00	
Duluth MN 55812	Transaction ID : SE.8589	
	fice Sought: House State: MN	
Payroll Type	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
RAYMOND J MR. CRAVAACK	eck One: Support Oppose	
	sbursement For: Primary 🔀 General	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		
· ·	7 7 7	
(c) TOTAL Independent Expenditures		
	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond	M / D D / V V V	
[Electronically Filed] Date	09 27 2012	
Signature		

SCHEDULE E)	PAGE 2 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report	rt filed on	
Full Name (Last, First, Middle Initial) of Payee  Malinda Frevert	Date	
Mailing Address 125 N 2nd Ave E	09 12 / Y Y Y Y	
Apt 7	Amount	
City State Zip Code		
Duluth MN 55805	750.00 Transaction ID : SE.8581	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee  Malinda Frevert	Date 09 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 125 N 2nd Ave E	20 2012	
Apt 7	Amount	
City State Zip Code Duluth MN 55805	750.00	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:  RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	1500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	09 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Gignature		

SCHEDULE E)					PAGE 3 FOR SE OF	OF 6 FORM 24/48
NAME OF COMMITTE (In Full)				FFC II	FNTIFICATION	ON NUMBER ▼
CREDO SUPERPAC					C00507517	
Check If 24-hour report	48-hour report	New report Amends	s report filed on	M = M /	D   D /	Y W Y W Y
Full Name (Last, First, Middle Joseph Gallant	Initial) of Payee		Dat	M M		Y   Y   Y   Y
Mailing Address 13 West Myrt	le Street		Am	09 ount	12	2012
City Duluth	State MN	Zip Code 55811	Tran	saction ID	: SE.8583	625.00
Purpose of Expenditure Payroll		Category/ Type	Office So		House Senate	State: MN District: 08
Name of Federal Candidate S RAYMOND J MR. CRAVAACI		penditure:	Check Or	ne:	President   Support	X Oppose
Calendar Year-To-Date F for Of	er Election fice Sought	8026.72	Disburser 2012	nent For:   Other (sp	Primary ecify)  •	General
Full Name (Last, First, Middle Joseph Gallant	Initial) of Payee		Dat	e 09	26	2012
Mailing Address 13 West Myrt	le Street		Am	ount		
City Duluth	State MN	Zip Code 55811	Tran	saction IE	) : SE.8590	625.00
Purpose of Expenditure Payroll		Category/ Type	Office So		House Senate	State: MN District: 08
Name of Federal Candidate S RAYMOND J MR. CRAVAACH		penditure:	Check Or	ne:	President Support	Oppose
Calendar Year-To-Date I for O	Per Election ffice Sought	13776.72	Disburser 2012	nent For: Other (sp	Primary ecify)	General
(a) SUBTOTAL of Itemized Ind	ependent Expenditures		······ <b>\</b>			1250.00
(b) SUBTOTAL of Unitemized	ndependent Expenditures		······			
(c) TOTAL Independent Expen	ditures		······			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Becky Bond Signature	<u> </u>	[Electronically Filed]	Date 09	27	/ Y Y 201.	2

SCHEDULE E)	PAGE 4 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends report	ort filed on M = M / D = D / Y = Y = Y	
Full Name (Last, First, Middle Initial) of Payee Impact Dialing	Date	
	09 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3543 19th Street	Amount	
City State Zip Code	125.00	
San Fracisco CA 94110	Transaction ID : SE.8584	
Purpose of Expenditure Phones  Category/ Type	Office Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Impact Dialing	09 13 2012	
Mailing Address 3543 19th Street	American	
004	Amount	
City State Zip Code San Fracisco CA 94110	625.00	
Purpose of Expenditure Phones  Category/	Transaction ID : SE.8585  Office Sought: House State: MN	
Type	Senate District: 08 President	
Name of Federal Candidate Supported or Opposed by Expenditure:  RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	> 750.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	. •	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	e 09 27 2012	
Signature		

SCHEDULE E)	PAGE 5 OF 6 FOR SE OF FORM 24/48		
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼		
CREDO SUPERPAC	C C00507517		
Check If 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y		
Full Name (Last, First, Middle Initial) of Payee  McFarland & Company	Date		
Mailing Address 4033 Cedar Ave S	09 25 2012 Amount		
City Ctota 7in Code			
	2000.00  Transaction ID : SE.8586		
Purpose of Expenditure Strategic Consulting  Category/ Type  Office	Senate District: 08		
Name of Federal Candidate Supported or Opposed by Expenditure:  RAYMOND J MR. CRAVAACK  Check	President  Support Oppose		
Calendar Year-To-Date Per Election for Office Sought 10776.72 Disbut 2012	ursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee  Monique Teal	Date 09 12 2012		
Mailing Address 124 E. Arrowhead Rd.	Amount		
City State Zip Code			
Duluth MN 55803	1000.00 Transaction ID : SE.8580		
Purpose of Expenditure Payroll  Category/ Type  Office	Senate District: 08		
Name of Federal Candidate Supported or Opposed by Expenditure:  RAYMOND J MR. CRAVAACK  Check	President  Support Oppose		
Calendar Year-To-Date Per Election for Office Sought Disbut 2012	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	3000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Becky Bond  [Electronically Filed]  Signature  Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

(SCHEDULE E)	PAGE 6 OF 6 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends repo	rt filed on	
Full Name (Last, First, Middle Initial) of Payee	_	
Monique Teal	Date	
Mailing Address 124 E. Arrowhead Rd.	09	
City Ctata Zin Code	Allount	
City State Zip Code Duluth MN 55803	1000.00 Transaction ID : SE.8587	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: MN Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ————	
RAYMOND J MR. CRAVAACK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
	M M / D D / Y Y Y Y	
Mailing Address		
	Amount	
City State Zip Code		
Purpose of Expenditure  Category/ Type	Office Sought: House State:	
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———	
Name of Federal Candidate Supported of Opposed by Expenditure.	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	. ▶ 1000.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	8750.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	09 27 2012	
Signature	2012	